

1                                   A bill to be entitled  
2           An act relating to health care; providing a  
3           short title; requiring the Agency for Workforce  
4           Innovation to establish a pilot program for  
5           delivery of certified geriatric specialty  
6           nursing education; specifying eligibility  
7           requirements for certified nursing assistants  
8           to obtain certified geriatric specialty nursing  
9           education; specifying requirements for the  
10          education of certified nursing assistants to  
11          prepare for certification as a certified  
12          geriatric specialist; creating a Certified  
13          Geriatric Specialty Nursing Initiative Steering  
14          Committee; providing for the composition of and  
15          manner of appointment to the Certified  
16          Geriatric Specialty Nursing Initiative Steering  
17          Committee; providing responsibilities of the  
18          steering committee; providing for reimbursement  
19          for per diem and travel expenses; requiring the  
20          Agency for Workforce Innovation to conduct or  
21          contract for an evaluation of the pilot program  
22          for delivery of certified geriatric specialty  
23          nursing education; requiring the evaluation to  
24          include recommendations regarding the expansion  
25          of the delivery of certified geriatric  
26          specialty nursing education in nursing homes;  
27          requiring the Agency for Workforce Innovation  
28          to report to the Governor and Legislature  
29          regarding the status and evaluation of the  
30          pilot program; creating s. 464.0125, F.S.;  
31          providing definitions; providing requirements

1 for persons to become certified geriatric  
2 specialists; specifying fees; providing for  
3 articulation of geriatric specialty nursing  
4 coursework and practical nursing coursework;  
5 providing practice standards and grounds for  
6 which certified geriatric specialists may be  
7 subject to discipline by the Board of Nursing;  
8 creating restrictions on the use of  
9 professional nursing titles; prohibiting the  
10 use of certain professional titles; providing  
11 penalties; authorizing approved nursing  
12 programs to provide education for the  
13 preparation of certified geriatric specialists  
14 without further board approval; authorizing  
15 certified geriatric specialists to supervise  
16 the activities of others in nursing home  
17 facilities according to rules by the Board of  
18 Nursing; revising terminology relating to  
19 nursing to conform to the certification of  
20 geriatric specialists; amending s. 381.00315,  
21 F.S.; revising requirements for the  
22 reactivation of the licenses of specified  
23 health care practitioners in the event of  
24 public health emergency to include certified  
25 geriatric specialists; amending s. 400.021,  
26 F.S.; including services provided by a  
27 certified geriatric specialist within the  
28 definition of nursing service; amending s.  
29 400.211, F.S.; revising requirements for  
30 persons employed as nursing assistants to  
31 conform to the certification of certified

1           geriatric specialists; amending s. 400.23,  
2           F.S.; specifying that certified geriatric  
3           specialists shall be considered licensed  
4           nursing staff; authorizing licensed practical  
5           nurses to supervise the activities of certified  
6           geriatric specialists in nursing home  
7           facilities according to rules adopted by the  
8           Board of Nursing; amending s. 409.908, F.S.;  
9           revising the methodology for reimbursement of  
10          Medicaid program providers to include services  
11          of certified geriatric specialists; amending s.  
12          458.303, F.S.; revising exceptions to the  
13          practice of medicine to include services  
14          delegated to a certified geriatric specialist  
15          under specified circumstances; amending s.  
16          1009.65, F.S.; revising eligibility for the  
17          Medical Education Reimbursement and Loan  
18          Repayment Program to include certified  
19          geriatric specialists; amending s. 1009.66,  
20          F.S.; revising eligibility requirements for the  
21          Nursing Student Loan Forgiveness Program to  
22          include certified geriatric specialists;  
23          providing an appropriation; amending s.  
24          464.201, F.S.; defining terms; amending s.  
25          464.202, F.S.; authorizing the Board of Nursing  
26          to adopt rules regarding the practice and  
27          supervision of certified nursing assistants;  
28          creating the James and Esther King Center for  
29          Universal Research to Eradicate Disease;  
30          providing intent and duties; creating an  
31          advisory council; amending s. 215.5602, F.S.;

1 expanding the long-term goals and funding of  
2 the Florida Biomedical Research Program to  
3 include the cure of specified diseases;  
4 creating the Florida Cancer Research  
5 Cooperative; providing for a board of  
6 directors; providing the cooperative's mission  
7 and duties; amending s. 484.0512, F.S.;  
8 providing a criminal penalty for failure of a  
9 seller to refund within a specified time moneys  
10 required to be refunded to a purchaser for the  
11 return or attempted return of a hearing aid;  
12 providing a definition; amending s. 456.073,  
13 F.S.; providing that a state prisoner must  
14 exhaust all available administrative remedies  
15 before filing a complaint with the Department  
16 of Health against a health care practitioner  
17 who is providing health care services within  
18 the Department of Corrections, unless the  
19 practitioner poses a serious threat to the  
20 health or safety of a person who is not a state  
21 prisoner; requiring the Department of Health to  
22 be notified if a health care practitioner is  
23 disciplined or allowed to resign for a  
24 practice-related offense; requiring the  
25 Division of Medical Quality Assurance of the  
26 Department of Health to conduct a study of  
27 clinical and academic training requirements of  
28 certified optometric practitioners; providing  
29 for appointment of members; requiring a report  
30 to be submitted to the Governor and  
31 Legislature; amending s. 465.0265, F.S.;

1 providing requirements for the filing of  
2 prescriptions by pharmacies that are under  
3 common ownership or that have a contractual  
4 relationship with one another; specifying  
5 requirements for exceptions to prescription  
6 transfers between certain pharmacies; amending  
7 s. 466.006, F.S.; allowing certain dental  
8 students to take the examinations required to  
9 practice dentistry in this state under  
10 specified conditions; providing a prerequisite  
11 to licensure of such students; creating s.  
12 466.0065, F.S.; allowing certain dental  
13 students to take regional licensure  
14 examinations under specified conditions;  
15 restricting the applicability of examination  
16 results to licensing in other jurisdictions;  
17 requiring approval by the Board of Dentistry  
18 and providing prerequisites to such approval;  
19 creating the "Nick Oelrich Gift of Life Act";  
20 amending s. 765.512, F.S., relating to  
21 anatomical gifts; prohibiting modification of a  
22 donor's intent; providing that a donor document  
23 is legally binding; authorizing specified  
24 persons to furnish a donor's medical records  
25 upon request; amending s. 765.516, F.S.;  
26 revising procedures by which the terms of an  
27 anatomical gift may be amended or the gift may  
28 be revoked; amending s. 765.401, F.S.;  
29 providing additional persons who may be given a  
30 proxy for the making of health care decisions;  
31 requiring review by the facility's bioethics

1 committee of decisions to withhold or withdraw  
2 life-prolonging procedures; requiring  
3 documentation of efforts to locate certain  
4 proxies; amending s. 641.19, F.S.; providing  
5 that the term "specialty" does not include the  
6 services of a licensed chiropractic physician  
7 for purposes of the regulation of managed care;  
8 amending s. 1004.43, F.S.; authorizing the  
9 establishment of for-profit subsidiaries of the  
10 governing corporation; providing that the  
11 contract with the State Board of Education  
12 shall permit the use of lands and facilities  
13 for research, education, treatment, prevention,  
14 and early detection of cancer; authorizing the  
15 governing corporation and its subsidiaries to  
16 obtain their own property insurance coverage;  
17 providing that certain appropriations shall be  
18 paid directly to the board of directors of the  
19 governing corporation; changing the appointing  
20 authority for certain members of the council of  
21 scientific advisors; providing an effective  
22 date.

23  
24 Be It Enacted by the Legislature of the State of Florida:

25  
26 Section 1. This act may be cited as the "Clara Ramsey  
27 Care of the Elderly Act."

28 Section 2. Certified Geriatric Specialist Preparation  
29 Pilot Program.--

30 (1) The Agency for Workforce Innovation shall  
31 establish a pilot program for delivery of geriatric nursing

1 education to certified nursing assistants who wish to become  
2 certified geriatric specialists. The agency shall select two  
3 pilot sites in nursing homes that have received the Gold Seal  
4 designation under section 400.235, Florida Statutes; have been  
5 designated as a teaching nursing home under section 430.80,  
6 Florida Statutes; or have not received a class I or class II  
7 deficiency within the 30 months preceding application for this  
8 program.

9 (2) To be eligible to receive geriatric nursing  
10 education, a certified nursing assistant must have been  
11 employed by a participating nursing home for at least 1 year  
12 and have received a high school diploma or its equivalent.

13 (3) The education shall be provided at the worksite  
14 and in coordination with the certified nursing assistant's  
15 work schedule.

16 (4) Faculty shall provide the instruction under an  
17 approved nursing program pursuant to section 464.019, Florida  
18 Statutes.

19 (5) The education shall prepare the certified nursing  
20 assistant to meet the requirements for certification as a  
21 geriatric specialist. The didactic and clinical education  
22 shall include all portions of the practical nursing curriculum  
23 pursuant to section 464.019, Florida Statutes, except for  
24 pediatric and obstetric/maternal-child education, and shall  
25 include additional education in the care of ill, injured, or  
26 infirm geriatric patients and the maintenance of health, the  
27 prevention of injury, and the provision of palliative care for  
28 geriatric patients.

29 Section 3. Certified Geriatric Specialty Nursing  
30 Initiative Steering Committee.--

31

1           (1) In order to guide the implementation of the  
2 Certified Geriatric Specialist Preparation Pilot Program,  
3 there is created a Certified Geriatric Specialty Nursing  
4 Initiative Steering Committee. The steering committee shall be  
5 composed of the following members:

6           (a) The chair of the Board of Nursing or his or her  
7 designee;

8           (b) A representative of the Agency for Workforce  
9 Innovation, appointed by the Director of Workforce Innovation;

10           (c) A representative of Workforce Florida, Inc.,  
11 appointed by the chair of the Board of Directors of Workforce  
12 Florida, Inc.;

13           (d) A representative of the Department of Education,  
14 appointed by the Secretary of Education;

15           (e) A representative of the Agency for Health Care  
16 Administration, appointed by the Secretary of Health Care  
17 Administration;

18           (f) The Director of the Florida Center for Nursing;  
19 and

20           (g) A representative of a Gold Seal nursing home that  
21 is not one of the pilot program sites, appointed by the  
22 Secretary of Health Care Administration.

23           (2) The steering committee shall:

24           (a) Provide consultation and guidance to the Agency  
25 for Workforce Innovation on matters of policy during the  
26 implementation of the pilot program; and

27           (b) Provide oversight to the evaluation of the pilot  
28 program.

29           (3) Members of the steering committee are entitled to  
30 reimbursement for per diem and travel expenses under section  
31 112.061, Florida Statutes.



1           (4) The steering committee shall complete its  
2 activities by June 30, 2006, and the authorization for the  
3 steering committee ends on that date.

4           Section 4. Evaluation of the Certified Geriatric  
5 Specialist Preparation Pilot Program.--The Agency for  
6 Workforce Innovation, in consultation with the Certified  
7 Geriatric Specialty Nursing Initiative Steering Committee,  
8 shall conduct, or contract for an evaluation of the pilot  
9 program. The agency shall ensure that an evaluation report is  
10 submitted to the Governor, the President of the Senate, and  
11 the Speaker of the House of Representatives by January 1,  
12 2006. The evaluation must address the experience and success  
13 of the certified nursing assistants in the pilot program and  
14 must contain recommendations regarding the expansion of the  
15 delivery of geriatric nursing education in nursing homes.

16           Section 5. Reports.--The Agency for Workforce  
17 Innovation shall submit status reports and recommendations  
18 regarding legislation necessary to further the implementation  
19 of the pilot program to the Governor, the President of the  
20 Senate, and the Speaker of the House of Representatives on  
21 January 1, 2004, January 1, 2005, and January 1, 2006.

22           Section 6. Section 464.0125, Florida Statutes, is  
23 created to read:

24           464.0125 Certified geriatric specialists;  
25 certification requirements.--

26           (1) DEFINITIONS; RESPONSIBILITIES.--

27           (a) As used in this section, the term:

28           1. "Certified geriatric specialist" means a person who  
29 meets the qualifications specified in this section and who is  
30 certified by the board to practice as a certified geriatric  
31 specialist.

1           2. "Geriatric patient" means any patient who is 60  
2 years of age or older.

3           3. "Practice of certified geriatric specialty nursing"  
4 means the performance of selected acts in facilities licensed  
5 under part II or part III of chapter 400, including the  
6 administration of treatments and medications, in the care of  
7 ill, injured, or infirm geriatric patients and the promotion  
8 of wellness, maintenance of health, and prevention of illness  
9 of geriatric patients under the direction of a registered  
10 nurse, a licensed physician, a licensed osteopathic physician,  
11 a licensed podiatric physician, or a licensed dentist. The  
12 scope of practice of a certified geriatric specialist includes  
13 the practice of practical nursing as defined in s. 464.003 for  
14 geriatric patients only, except for any act in which  
15 instruction and clinical knowledge of pediatric nursing or  
16 obstetric/maternal-child nursing is required. A certified  
17 geriatric specialist, while providing nursing services in  
18 facilities licensed under part II or part III of chapter 400,  
19 may supervise the activities of certified nursing assistants  
20 and other unlicensed personnel providing services in such  
21 facilities in accordance with rules adopted by the board.

22           (b) The certified geriatric specialist shall be  
23 responsible and accountable for making decisions that are  
24 based upon the individual's educational preparation and  
25 experience in performing certified geriatric specialty  
26 nursing.

27           (2) CERTIFICATION.--

28           (a) Any certified nursing assistant desiring to be  
29 certified as a certified geriatric specialist shall apply to  
30 the department and submit proof that he or she holds a current  
31

1 certificate as a certified nursing assistant under this part  
2 and has satisfactorily completed the following requirements:

3 1. Is in good mental and physical health, is a  
4 recipient of a high school diploma or its equivalent and has  
5 completed the requirements for graduation from an approved  
6 program for nursing or its equivalent, as determined by the  
7 board, for the preparation of licensed practical nurses,  
8 except for instruction and clinical knowledge of pediatric  
9 nursing or obstetric/maternal-child nursing. Any program that  
10 is approved on July 1, 2003, by the board for the preparation  
11 of registered nurses or licensed practical nurses may provide  
12 education for the preparation of certified geriatric  
13 specialists without further board approval.

14 2. Has the ability to communicate in the English  
15 language, which may be determined by an examination given by  
16 the department.

17 3. Has provided sufficient information, which must be  
18 submitted by the department for a statewide criminal records  
19 correspondence check through the Department of Law  
20 Enforcement.

21 (b) Each applicant who meets the requirements of this  
22 subsection shall, unless denied pursuant to s. 464.018, be  
23 entitled to certification as a certified geriatric specialist.  
24 The board shall certify, and the department shall issue a  
25 certificate to practice as a certified geriatric specialist  
26 to, any certified nursing assistant meeting the qualifications  
27 in this section. The board shall establish an application fee  
28 not to exceed \$100 and a biennial renewal fee not to exceed  
29 \$50. The board may adopt rules to administer this section.

30 (c) A person receiving certification under this  
31 section shall:

1           1. Work only within the confines of a facility  
2 licensed under part II or part III of chapter 400.

3           2. Care for geriatric patients only.

4           3. Comply with the minimum standards of practice for  
5 nurses and be subject to disciplinary action for violations of  
6 s. 464.018.

7           (3) ARTICULATION.--Any certified geriatric specialist  
8 who completes the additional instruction and coursework in an  
9 approved nursing program pursuant to s. 464.019 for the  
10 preparation of practical nursing in the areas of pediatric  
11 nursing and obstetric/maternal-child nursing shall, unless  
12 denied pursuant to s. 464.018, be entitled to licensure as a  
13 licensed practical nurse if the applicant otherwise meets the  
14 requirements of s. 464.008.

15           (4) TITLES AND ABBREVIATIONS; RESTRICTIONS;  
16 PENALTIES.--

17           (a) Only persons who hold certificates to practice as  
18 certified geriatric specialists in this state or who are  
19 performing services within the practice of certified geriatric  
20 specialty nursing pursuant to the exception set forth in s.  
21 464.022(8) shall have the right to use the title "Certified  
22 Geriatric Specialist" and the abbreviation "C.G.S."

23           (b) No person shall practice or advertise as, or  
24 assume the title of, certified geriatric specialist or use the  
25 abbreviation "C.G.S." or take any other action that would lead  
26 the public to believe that person was certified as such or is  
27 performing services within the practice of certified geriatric  
28 specialty nursing pursuant to the exception set forth in s.  
29 464.022(8), unless that person is certified to practice as  
30 such.

31

1           (c) A violation of this subsection is a misdemeanor of  
2 the first degree, punishable as provided in s. 775.082 or s.  
3 775.083.

4           (5) VIOLATIONS AND PENALTIES.--Practicing certified  
5 geriatric specialty nursing, as defined in this section,  
6 without holding an active certificate to do so constitutes a  
7 felony of the third degree, punishable as provided in s.  
8 775.082, s. 775.083, or s. 775.084.

9           Section 7. Paragraph (b) of subsection (1) of section  
10 381.00315, Florida Statutes, is amended to read:

11           381.00315 Public health advisories; public health  
12 emergencies.--The State Health Officer is responsible for  
13 declaring public health emergencies and issuing public health  
14 advisories.

15           (1) As used in this section, the term:

16           (b) "Public health emergency" means any occurrence, or  
17 threat thereof, whether natural or man made, which results or  
18 may result in substantial injury or harm to the public health  
19 from infectious disease, chemical agents, nuclear agents,  
20 biological toxins, or situations involving mass casualties or  
21 natural disasters. Prior to declaring a public health  
22 emergency, the State Health Officer shall, to the extent  
23 possible, consult with the Governor and shall notify the Chief  
24 of Domestic Security Initiatives as created in s. 943.03. The  
25 declaration of a public health emergency shall continue until  
26 the State Health Officer finds that the threat or danger has  
27 been dealt with to the extent that the emergency conditions no  
28 longer exist and he or she terminates the declaration.  
29 However, a declaration of a public health emergency may not  
30 continue for longer than 60 days unless the Governor concurs  
31 in the renewal of the declaration. The State Health Officer,

1 upon declaration of a public health emergency, may take  
2 actions that are necessary to protect the public health. Such  
3 actions include, but are not limited to:

4         1. Directing manufacturers of prescription drugs or  
5 over-the-counter drugs who are permitted under chapter 499 and  
6 wholesalers of prescription drugs located in this state who  
7 are permitted under chapter 499 to give priority to the  
8 shipping of specified drugs to pharmacies and health care  
9 providers within geographic areas that have been identified by  
10 the State Health Officer. The State Health Officer must  
11 identify the drugs to be shipped. Manufacturers and  
12 wholesalers located in the state must respond to the State  
13 Health Officer's priority shipping directive before shipping  
14 the specified drugs.

15         2. Notwithstanding chapters 465 and 499 and rules  
16 adopted thereunder, directing pharmacists employed by the  
17 department to compound bulk prescription drugs and provide  
18 these bulk prescription drugs to physicians and nurses of  
19 county health departments or any qualified person authorized  
20 by the State Health Officer for administration to persons as  
21 part of a prophylactic or treatment regimen.

22         3. Notwithstanding s. 456.036, temporarily  
23 reactivating the inactive license of the following health care  
24 practitioners, when such practitioners are needed to respond  
25 to the public health emergency: physicians licensed under  
26 chapter 458 or chapter 459; physician assistants licensed  
27 under chapter 458 or chapter 459; certified geriatric  
28 specialists certified under part I of chapter 464; licensed  
29 practical nurses, registered nurses, and advanced registered  
30 nurse practitioners licensed under part I of chapter 464;  
31 respiratory therapists licensed under part V of chapter 468;

1 and emergency medical technicians and paramedics certified  
2 under part III of chapter 401. Only those health care  
3 practitioners specified in this paragraph who possess an  
4 unencumbered inactive license and who request that such  
5 license be reactivated are eligible for reactivation. An  
6 inactive license that is reactivated under this paragraph  
7 shall return to inactive status when the public health  
8 emergency ends or prior to the end of the public health  
9 emergency if the State Health Officer determines that the  
10 health care practitioner is no longer needed to provide  
11 services during the public health emergency. Such licenses may  
12 only be reactivated for a period not to exceed 90 days without  
13 meeting the requirements of s. 456.036 or chapter 401, as  
14 applicable.

15 4. Ordering an individual to be examined, tested,  
16 vaccinated, treated, or quarantined for communicable diseases  
17 that have significant morbidity or mortality and present a  
18 severe danger to public health. Individuals who are unable or  
19 unwilling to be examined, tested, vaccinated, or treated for  
20 reasons of health, religion, or conscience may be subjected to  
21 quarantine.

22 a. Examination, testing, vaccination, or treatment may  
23 be performed by any qualified person authorized by the State  
24 Health Officer.

25 b. If the individual poses a danger to the public  
26 health, the State Health Officer may subject the individual to  
27 quarantine. If there is no practical method to quarantine the  
28 individual, the State Health Officer may use any means  
29 necessary to vaccinate or treat the individual.

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31

1 Any order of the State Health Officer given to effectuate this  
2 paragraph shall be immediately enforceable by a law  
3 enforcement officer under s. 381.0012.

4 Section 8. Subsection (14) of section 400.021, Florida  
5 Statutes, is amended to read:

6 400.021 Definitions.--When used in this part, unless  
7 the context otherwise requires, the term:

8 (14) "Nursing service" means such services or acts as  
9 may be rendered, directly or indirectly, to and in behalf of a  
10 person by individuals as defined in ss. ~~s.~~464.003 and  
11 464.0125.

12 Section 9. Subsection (1) of section 400.211, Florida  
13 Statutes, is amended to read:

14 400.211 Persons employed as nursing assistants;  
15 certification requirement.--

16 (1) To serve as a nursing assistant in any nursing  
17 home, a person must be certified as a nursing assistant under  
18 part II of chapter 464, unless the person is a registered  
19 nurse, a or practical nurse, or a certified geriatric  
20 specialist certified or licensed in accordance with part I of  
21 chapter 464 or an applicant for such licensure who is  
22 permitted to practice nursing in accordance with rules adopted  
23 by the Board of Nursing pursuant to part I of chapter 464.

24 Section 10. Paragraphs (a) and (c) of subsection (3)  
25 of section 400.23, Florida Statutes, are amended to read:

26 400.23 Rules; evaluation and deficiencies; licensure  
27 status.--

28 (3)(a) The agency shall adopt rules providing for the  
29 minimum staffing requirements for nursing homes. These  
30 requirements shall include, for each nursing home facility, a  
31 minimum certified nursing assistant staffing of 2.3 hours of



1 direct care per resident per day beginning January 1, 2002,  
2 increasing to 2.6 hours of direct care per resident per day  
3 beginning January 1, 2003, and increasing to 2.9 hours of  
4 direct care per resident per day beginning January 1, 2004.  
5 Beginning January 1, 2002, no facility shall staff below one  
6 certified nursing assistant per 20 residents, and a minimum  
7 licensed nursing staffing of 1.0 hour of direct resident care  
8 per resident per day but never below one licensed nurse per 40  
9 residents. For purposes of computing nursing staffing minimums  
10 and ratios, certified geriatric specialists shall be  
11 considered licensed nursing staff.Nursing assistants employed  
12 under s. 400.211(2) may be included in computing the staffing  
13 ratio for certified nursing assistants only if they provide  
14 nursing assistance services to residents on a full-time basis.  
15 Each nursing home must document compliance with staffing  
16 standards as required under this paragraph and post daily the  
17 names of staff on duty for the benefit of facility residents  
18 and the public. The agency shall recognize the use of licensed  
19 nurses for compliance with minimum staffing requirements for  
20 certified nursing assistants, provided that the facility  
21 otherwise meets the minimum staffing requirements for licensed  
22 nurses and that the licensed nurses so recognized are  
23 performing the duties of a certified nursing assistant. Unless  
24 otherwise approved by the agency, licensed nurses counted  
25 towards the minimum staffing requirements for certified  
26 nursing assistants must exclusively perform the duties of a  
27 certified nursing assistant for the entire shift and shall not  
28 also be counted towards the minimum staffing requirements for  
29 licensed nurses. If the agency approved a facility's request  
30 to use a licensed nurse to perform both licensed nursing and  
31 certified nursing assistant duties, the facility must allocate

1 the amount of staff time specifically spent on certified  
2 nursing assistant duties for the purpose of documenting  
3 compliance with minimum staffing requirements for certified  
4 and licensed nursing staff. In no event may the hours of a  
5 licensed nurse with dual job responsibilities be counted  
6 twice.

7 (c) Licensed practical nurses licensed under chapter  
8 464 who are providing nursing services in nursing home  
9 facilities under this part may supervise the activities of  
10 other licensed practical nurses, certified geriatric  
11 specialists, certified nursing assistants, and other  
12 unlicensed personnel providing services in such facilities in  
13 accordance with rules adopted by the Board of Nursing.

14 Section 11. Paragraph (b) of subsection (2) of section  
15 409.908, Florida Statutes, is amended to read:

16 409.908 Reimbursement of Medicaid providers.--Subject  
17 to specific appropriations, the agency shall reimburse  
18 Medicaid providers, in accordance with state and federal law,  
19 according to methodologies set forth in the rules of the  
20 agency and in policy manuals and handbooks incorporated by  
21 reference therein. These methodologies may include fee  
22 schedules, reimbursement methods based on cost reporting,  
23 negotiated fees, competitive bidding pursuant to s. 287.057,  
24 and other mechanisms the agency considers efficient and  
25 effective for purchasing services or goods on behalf of  
26 recipients. If a provider is reimbursed based on cost  
27 reporting and submits a cost report late and that cost report  
28 would have been used to set a lower reimbursement rate for a  
29 rate semester, then the provider's rate for that semester  
30 shall be retroactively calculated using the new cost report,  
31 and full payment at the recalculated rate shall be affected

1 retroactively. Medicare-granted extensions for filing cost  
2 reports, if applicable, shall also apply to Medicaid cost  
3 reports. Payment for Medicaid compensable services made on  
4 behalf of Medicaid eligible persons is subject to the  
5 availability of moneys and any limitations or directions  
6 provided for in the General Appropriations Act or chapter 216.  
7 Further, nothing in this section shall be construed to prevent  
8 or limit the agency from adjusting fees, reimbursement rates,  
9 lengths of stay, number of visits, or number of services, or  
10 making any other adjustments necessary to comply with the  
11 availability of moneys and any limitations or directions  
12 provided for in the General Appropriations Act, provided the  
13 adjustment is consistent with legislative intent.

14 (2)

15 (b) Subject to any limitations or directions provided  
16 for in the General Appropriations Act, the agency shall  
17 establish and implement a Florida Title XIX Long-Term Care  
18 Reimbursement Plan (Medicaid) for nursing home care in order  
19 to provide care and services in conformance with the  
20 applicable state and federal laws, rules, regulations, and  
21 quality and safety standards and to ensure that individuals  
22 eligible for medical assistance have reasonable geographic  
23 access to such care.

24 1. Changes of ownership or of licensed operator do not  
25 qualify for increases in reimbursement rates associated with  
26 the change of ownership or of licensed operator. The agency  
27 shall amend the Title XIX Long Term Care Reimbursement Plan to  
28 provide that the initial nursing home reimbursement rates, for  
29 the operating, patient care, and MAR components, associated  
30 with related and unrelated party changes of ownership or

31

1 licensed operator filed on or after September 1, 2001, are  
2 equivalent to the previous owner's reimbursement rate.

3         2. The agency shall amend the long-term care  
4 reimbursement plan and cost reporting system to create direct  
5 care and indirect care subcomponents of the patient care  
6 component of the per diem rate. These two subcomponents  
7 together shall equal the patient care component of the per  
8 diem rate. Separate cost-based ceilings shall be calculated  
9 for each patient care subcomponent. The direct care  
10 subcomponent of the per diem rate shall be limited by the  
11 cost-based class ceiling, and the indirect care subcomponent  
12 shall be limited by the lower of the cost-based class ceiling,  
13 by the target rate class ceiling, or by the individual  
14 provider target. The agency shall adjust the patient care  
15 component effective January 1, 2002. The cost to adjust the  
16 direct care subcomponent shall be net of the total funds  
17 previously allocated for the case mix add-on. The agency shall  
18 make the required changes to the nursing home cost reporting  
19 forms to implement this requirement effective January 1, 2002.

20         3. The direct care subcomponent shall include salaries  
21 and benefits of direct care staff providing nursing services  
22 including registered nurses, licensed practical nurses,  
23 certified geriatric specialists, certified under part I of  
24 chapter 464,and certified nursing assistants who deliver care  
25 directly to residents in the nursing home facility. This  
26 excludes nursing administration, MDS, and care plan  
27 coordinators, staff development, and staffing coordinator.

28         4. All other patient care costs shall be included in  
29 the indirect care cost subcomponent of the patient care per  
30 diem rate. There shall be no costs directly or indirectly  
31

1 allocated to the direct care subcomponent from a home office  
2 or management company.

3           5. On July 1 of each year, the agency shall report to  
4 the Legislature direct and indirect care costs, including  
5 average direct and indirect care costs per resident per  
6 facility and direct care and indirect care salaries and  
7 benefits per category of staff member per facility.

8           6. In order to offset the cost of general and  
9 professional liability insurance, the agency shall amend the  
10 plan to allow for interim rate adjustments to reflect  
11 increases in the cost of general or professional liability  
12 insurance for nursing homes. This provision shall be  
13 implemented to the extent existing appropriations are  
14 available.

15

16 It is the intent of the Legislature that the reimbursement  
17 plan achieve the goal of providing access to health care for  
18 nursing home residents who require large amounts of care while  
19 encouraging diversion services as an alternative to nursing  
20 home care for residents who can be served within the  
21 community. The agency shall base the establishment of any  
22 maximum rate of payment, whether overall or component, on the  
23 available moneys as provided for in the General Appropriations  
24 Act. The agency may base the maximum rate of payment on the  
25 results of scientifically valid analysis and conclusions  
26 derived from objective statistical data pertinent to the  
27 particular maximum rate of payment.

28           Section 12. Subsection (2) of section 458.303, Florida  
29 Statutes, is amended to read:

30           458.303 Provisions not applicable to other  
31 practitioners; exceptions, etc.--

1           (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.  
2 458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s.  
3 458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.  
4 458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347  
5 shall be construed to prohibit any service rendered by a  
6 registered nurse, ~~or~~ a licensed practical nurse, or a  
7 certified geriatric specialist certified under part I of  
8 chapter 464, if such service is rendered under the direct  
9 supervision and control of a licensed physician who provides  
10 specific direction for any service to be performed and gives  
11 final approval to all services performed. Further, nothing in  
12 this or any other chapter shall be construed to prohibit any  
13 service rendered by a medical assistant in accordance with the  
14 provisions of s. 458.3485.

15           Section 13. Subsection (1) and paragraph (a) of  
16 subsection (2) of section 1009.65, Florida Statutes, are  
17 amended to read:

18           1009.65 Medical Education Reimbursement and Loan  
19 Repayment Program.--

20           (1) To encourage qualified medical professionals to  
21 practice in underserved locations where there are shortages of  
22 such personnel, there is established the Medical Education  
23 Reimbursement and Loan Repayment Program. The function of the  
24 program is to make payments that offset loans and educational  
25 expenses incurred by students for studies leading to a medical  
26 or nursing degree, medical or nursing licensure, or advanced  
27 registered nurse practitioner certification or physician  
28 assistant licensure. The following licensed or certified  
29 health care professionals are eligible to participate in this  
30 program: medical doctors with primary care specialties,  
31 doctors of osteopathic medicine with primary care specialties,

1 physician's assistants, certified geriatric specialists  
2 certified under part I of chapter 464, licensed practical  
3 nurses and registered nurses, and advanced registered nurse  
4 practitioners with primary care specialties such as certified  
5 nurse midwives. Primary care medical specialties for  
6 physicians include obstetrics, gynecology, general and family  
7 practice, internal medicine, pediatrics, and other specialties  
8 which may be identified by the Department of Health.

9 (2) From the funds available, the Department of Health  
10 shall make payments to selected medical professionals as  
11 follows:

12 (a) Up to \$4,000 per year for certified geriatric  
13 specialists certified under part I of chapter 464, licensed  
14 practical nurses, and registered nurses, up to \$10,000 per  
15 year for advanced registered nurse practitioners and  
16 physician's assistants, and up to \$20,000 per year for  
17 physicians. Penalties for noncompliance shall be the same as  
18 those in the National Health Services Corps Loan Repayment  
19 Program. Educational expenses include costs for tuition,  
20 matriculation, registration, books, laboratory and other fees,  
21 other educational costs, and reasonable living expenses as  
22 determined by the Department of Health.

23 Section 14. Subsection (2) of section 1009.66, Florida  
24 Statutes, is amended to read:

25 1009.66 Nursing Student Loan Forgiveness Program.--

26 (2) To be eligible, a candidate must have graduated  
27 from an accredited or approved nursing program and have  
28 received a Florida license as a licensed practical nurse, a  
29 certified geriatric specialist certified under part I of  
30 chapter 464, or a registered nurse or a Florida certificate as  
31 an advanced registered nurse practitioner.

1           Section 15. The sum of \$157,017 is appropriated from  
2 the General Revenue Fund to the Agency for Workforce  
3 Innovation to support the work of the Certified Geriatric  
4 Specialty Nursing Initiative Steering Committee, to administer  
5 the pilot sites, contract for an evaluation, and to provide,  
6 if necessary, nursing faculty, substitute certified nursing  
7 assistants for those who are in clinical education, and  
8 technical support to the pilot sites during the 2003-2004  
9 fiscal year.

10           Section 16. Subsection (6) is added to section  
11 464.201, Florida Statutes, to read:

12           464.201 Definitions.--As used in this part, the term:  
13           (6) "Practice of a certified nursing assistant" means  
14 providing care and assisting persons with tasks relating to  
15 the activities of daily living. Such tasks are those  
16 associated with personal care, maintaining mobility, nutrition  
17 and hydration, toileting and elimination, assistive devices,  
18 safety and cleanliness, data gathering, reporting abnormal  
19 signs and symptoms, post mortem care, patient socialization  
20 and reality orientation, end-of-life care, CPR and emergency  
21 care, residents' or patients' rights, documentation of nursing  
22 assistant services, and other tasks that a certified nurse  
23 assistant may perform after training beyond that required for  
24 initial certification and upon validation of competence in  
25 that skill by a registered nurse. This section does not  
26 restrict the ability of any person who is otherwise trained  
27 and educated from performing such tasks.

28           Section 17. Section 464.202, Florida Statutes, is  
29 amended to read:

30           464.202 Duties and powers of the board.--The board  
31 shall maintain, or contract with or approve another entity to



1 maintain, a state registry of certified nursing assistants.  
2 The registry must consist of the name of each certified  
3 nursing assistant in this state; other identifying information  
4 defined by board rule; certification status; the effective  
5 date of certification; other information required by state or  
6 federal law; information regarding any crime or any abuse,  
7 neglect, or exploitation as provided under chapter 435; and  
8 any disciplinary action taken against the certified nursing  
9 assistant. The registry shall be accessible to the public, the  
10 certificateholder, employers, and other state agencies. The  
11 board shall adopt by rule testing procedures for use in  
12 certifying nursing assistants and shall adopt rules regulating  
13 the practice of certified nursing assistants which specify the  
14 scope of practice authorized and level of supervision required  
15 for the practice of certified nursing assistants ~~to enforce~~  
16 ~~this part~~. The board may contract with or approve another  
17 entity or organization to provide the examination services,  
18 including the development and administration of examinations.  
19 The board shall require that the contract provider offer  
20 certified nursing assistant applications via the Internet, and  
21 may require the contract provider to accept certified nursing  
22 assistant applications for processing via the Internet. The  
23 board shall require the contract provider to provide the  
24 preliminary results of the certified nursing examination on  
25 the date the test is administered. The provider shall pay all  
26 reasonable costs and expenses incurred by the board in  
27 evaluating the provider's application and performance during  
28 the delivery of services, including examination services and  
29 procedures for maintaining the certified nursing assistant  
30 registry.  
31

1           Section 18. James and Esther King Center for Universal  
2 Research to Eradicate Disease.--

3           (1) The Legislature finds that an estimated 128  
4 million Americans suffer from acute, chronic, and degenerative  
5 diseases and that biomedical research is the key to finding  
6 cures for these diseases that negatively affect all  
7 Floridians. The Legislature further finds that, while there is  
8 much research being conducted throughout this state and  
9 throughout the world, there is a lack of coordination of  
10 efforts among researchers. The Legislature, therefore, finds  
11 that there is a significant need for a coordinated effort if  
12 the goal of curing disease is to be achieved. Moreover, the  
13 Legislature finds that the biomedical technology sector meets  
14 the criteria of a high-impact sector, pursuant to section  
15 288.108, Florida Statutes, having a high importance to this  
16 state's economy with a significant potential for growth and  
17 contribution to our universities and quality of life.

18           (2) It is the intent of the Legislature that Florida  
19 strive to become the nation's leader in biomedical research  
20 and commit itself to being the state to find cures for the  
21 most deadly and widespread diseases. It is further the intent  
22 of the Legislature that there be a coordinated effort among  
23 the state's public and private universities and the biomedical  
24 industry to discover such cures. Moreover, it is the intent of  
25 the Legislature to expand the state economy by attracting  
26 biomedical researchers and research companies to this state.

27           (3) There is established the James and Esther King  
28 Center for Universal Research to Eradicate Disease, which  
29 shall be known as the "CURED."

30           (a) The purpose of the center is to coordinate,  
31 improve, expand, and monitor all biomedical research programs

1 within the state, facilitate funding opportunities, and foster  
2 improved technology transfer of research findings into  
3 clinical trials and widespread public use.

4 (b) The goal of the center is to find cures for  
5 diseases such as cancer, heart disease, lung disease,  
6 diabetes, and neurological disorders, including Alzheimer's  
7 disease, epilepsy, and Parkinson's disease.

8 (c) The center shall hold an annual biomedical  
9 technology summit in Florida to which biomedical researchers,  
10 biomedical technology companies, business incubators,  
11 pharmaceutical manufacturers, and others around the nation and  
12 world are invited to share biomedical research findings in  
13 order to expedite the discovery of cures. Summit attendees  
14 will be required to cover the costs of such attendance or  
15 obtain sponsorship for such attendance.

16 (d) The center shall encourage clinical trials in this  
17 state on research that holds promise of curing a disease or  
18 condition. The center shall facilitate partnerships between  
19 researchers, treating physicians, and community hospitals for  
20 the purpose of sharing new techniques and new research  
21 findings, as well as coordinating voluntary donations to  
22 ensure an adequate supply of adult stem cells or cord blood.

23 (e) The center shall also encourage the discovery and  
24 production in Florida of vaccines that prevent disease.

25 (f) The center shall monitor the supply and demand  
26 needs of researchers relating to stem cell research and other  
27 types of human tissue research. If the center determines that  
28 there is a need for increased donation of human tissue, it  
29 shall notify hospitals licensed pursuant to chapter 395,  
30 Florida Statutes, that have entered into partnership  
31 agreements with research institutes conducting stem cell

1 research located in the same geographic region as the  
2 researchers demanding the stem cells or other tissues. Such  
3 hospitals shall then implement programs that encourage  
4 voluntary donations of cord blood or other needed adult  
5 tissue.

6 (g) The center shall be funded through private, state,  
7 and federal sources.

8 (h) The center shall serve as a registry of all known  
9 biomedical grant opportunities and may assist any public or  
10 private biomedical research program in this state in preparing  
11 grant requests.

12 (i) The center shall maintain a website with links to  
13 peer-reviewed biomedical research. The website shall also  
14 contain a list of all known biomedical research being  
15 conducted in Florida and shall facilitate communication among  
16 researchers and other interested parties.

17 (j) The center shall submit an annual report to the  
18 Governor, the President of the Senate, and the Speaker of the  
19 House of Representatives no later than January 15 which  
20 contains recommendations for legislative change necessary to  
21 foster a positive climate for biomedical research in this  
22 state.

23 (k) The duties of the center may be outsourced by the  
24 Department of Health to a private entity or state university.

25 (4) There is established within the center an advisory  
26 council which shall meet at least annually.

27 (a) The council shall consist of the members of the  
28 board of directors of the Florida Research Consortium and at  
29 least one representative from:

30 1. The Emerging Technology Commission.

31 2. Enterprise Florida, Inc.

- 1           3. BioFlorida.  
2           4. The Florida Biomedical Research Advisory Council.  
3           5. The Florida Medical Foundation.  
4           6. Pharmaceutical Research and Manufacturers of  
5 America.

6           (b) Members of the council shall serve without  
7 compensation and each organization represented shall cover all  
8 expenses of its representative.

9           Section 19. Paragraphs (a) and (b) of subsection (1),  
10 subsection (2), and paragraph (f) of subsection (10) of  
11 section 215.5602, Florida Statutes, are amended to read:

12           215.5602 Florida Biomedical Research Program.--

13           (1) There is established within the Department of  
14 Health the Florida Biomedical Research Program funded by the  
15 proceeds of the Lawton Chiles Endowment Fund pursuant to s.  
16 215.5601. The purpose of the Florida Biomedical Research  
17 Program is to provide an annual and perpetual source of  
18 funding in order to support research initiatives that address  
19 the health care problems of Floridians in the areas of  
20 tobacco-related cancer, cardiovascular disease, stroke, and  
21 pulmonary disease. The long-term goals of the program are to:

22           (a) Improve the health of Floridians by researching  
23 better prevention, diagnoses, ~~and~~ treatments, and cures for  
24 cancer, cardiovascular disease, stroke, and pulmonary disease.

25           (b) Expand the foundation of biomedical knowledge  
26 relating to the prevention, diagnosis, ~~and~~ treatment, and cure  
27 of diseases related to tobacco use, including cancer,  
28 cardiovascular disease, stroke, and pulmonary disease.

29           (2) Funds appropriated for the Florida Biomedical  
30 Research Program shall be used exclusively for the award of  
31 grants and fellowships as established in this section; for

1 research relating to the prevention, diagnosis, ~~and~~ treatment,  
2 and cure of diseases related to tobacco use, including cancer,  
3 cardiovascular disease, stroke, and pulmonary disease; and for  
4 expenses incurred in the administration of this section.  
5 Priority shall be granted to research designed to prevent or  
6 cure disease.

7 (10) The council shall submit an annual progress  
8 report on the state of biomedical research in this state to  
9 the Governor, the Secretary of Health, the President of the  
10 Senate, and the Speaker of the House of Representatives by  
11 February 1. The report must include:

12 (f) Progress in the prevention, diagnosis, ~~and~~  
13 treatment, and cure of diseases related to tobacco use,  
14 including cancer, cardiovascular disease, stroke, and  
15 pulmonary disease.

16 Section 20. Florida Cancer Research Cooperative.--

17 (1) Effective July 1, 2003, the Florida Cancer  
18 Research Cooperative is established for the purpose of making  
19 the State of Florida a world class center for cancer research.

20 (2)(a) A not-for-profit corporation, acting as an  
21 instrumentality of the Florida Dialogue on Cancer, shall be  
22 organized for the purpose of governing the affairs of the  
23 cooperative.

24 (b) The Florida Cancer Research Cooperative, Inc., may  
25 create not-for-profit corporate subsidiaries to fulfill its  
26 mission. The not-for-profit corporation and its subsidiaries  
27 are authorized to receive, hold, invest, and administer  
28 property and any moneys acquired from private, local, state,  
29 and federal sources, as well as technical and professional  
30 income generated or derived from the mission-related  
31 activities of the cooperative.

1           (c) The affairs of the not-for-profit corporation  
2 shall be managed by a board of directors which shall consist  
3 of:

4           1. The Secretary of the Department of Health or his or  
5 her designee;

6           2. The Chief Executive Officer of the H. Lee Moffitt  
7 Cancer Center or his or her designee;

8           3. The President of the University of Florida Shands  
9 Cancer Center or his or her designee;

10           4. The Chief Executive Officer of the University of  
11 Miami Sylvester Comprehensive Cancer Center or his or her  
12 designee;

13           5. The Chief Executive Officer of the Mayo Clinic,  
14 Jacksonville or his or her designee;

15           6. The Chief Executive Officer of the American Cancer  
16 Society, Florida Division or his or her designee;

17           7. The President of the American Cancer Society,  
18 Florida Division Board of Directors or his or her designee;

19           8. The President of the Florida Society of Clinical  
20 Oncology or his or her designee;

21           9. The Chief Executive Officer of Enterprise Florida,  
22 Inc., or his or her designee;

23           10. Three representatives from large Florida hospitals  
24 or institutions, not delineated in subparagraphs 1. through  
25 6., that treat a large volume of cancer patients. One shall be  
26 appointed by the Governor, one shall be appointed by the  
27 Speaker of the House of Representatives, and one shall be  
28 appointed by the President of the Senate;

29           11. Three representatives from community-based,  
30 statewide organizations serving populations that experience  
31 cancer disparities, one of whom shall be appointed by the

1 Governor, one of whom shall be appointed by the Speaker of the  
2 House of Representatives, and one of whom shall be appointed  
3 by the President of the Senate;

4 12. One member of the Florida House of  
5 Representatives, to be appointed by the Speaker of the House  
6 of Representatives;

7 13. One member of the Florida Senate, to be appointed  
8 by the President of the Senate;

9 14. Three university presidents, one of whom shall be  
10 appointed by the Governor, one of whom shall be appointed by  
11 the Speaker of the House of Representatives, and one of whom  
12 shall be appointed by the President of the Senate; and

13 15. Five representatives from other statewide public  
14 health organizations whose missions include public education  
15 and the eradication of cancer, three of whom shall be  
16 appointed by the Governor, one of whom shall be appointed by  
17 the Speaker of the House of Representatives, and one of whom  
18 shall be appointed by the President of the Senate.

19 (d) Appointments made by the Speaker of the House of  
20 Representatives and the President of the Senate pursuant to  
21 paragraph (c) shall be for 2-year terms, concurrent with the  
22 bienniums in which they serve as presiding officers.

23 (e) Appointments made by the Governor pursuant to  
24 paragraph (c) shall be for 2-year terms, although the Governor  
25 may reappoint directors.

26 (f) Members of the board of directors of the  
27 not-for-profit corporation or any subsidiaries shall serve  
28 without compensation.

29 (3) The cooperative shall issue an annual report to  
30 the Governor, the Speaker of the House of Representatives, and  
31 the President of the Senate, by December 15 of each year, with



1 policy and funding recommendations regarding cancer research  
2 capacity in Florida and related issues.

3 Section 21. Florida Cancer Research Cooperative;  
4 mission and duties.--

5 (1) The cooperative shall develop and centralize the  
6 processes and shared services for expanding cancer research in  
7 Florida through:

8 (a) Support through bioinformatics, in order to create  
9 a cancer informatics infrastructure that enhances information  
10 and resource exchange and integration through researchers  
11 working in diverse disciplines to facilitate the full spectrum  
12 of cancer investigations;

13 (b) Technical coordination, business development, and  
14 support of intellectual property;

15 (c) Development of a statewide cancer clinical trials  
16 network as contemplated in section 1; and

17 (d) Other multidisciplinary research support  
18 activities.

19 (2) The cooperative shall work in concert with the  
20 Center for Universal Research to Eradicate Disease created in  
21 section 1 to ensure that the goals of the center are advanced.

22 Section 22. Section 484.0512, Florida Statutes, is  
23 amended to read:

24 484.0512 Thirty-day trial period; purchaser's right to  
25 cancel; notice; refund; cancellation fee; criminal penalty  
26 procedures.--

27 (1) A person selling a hearing aid in this state must  
28 provide the buyer with written notice of a 30-day trial period  
29 and money-back guarantee. The guarantee must permit the  
30 purchaser to cancel the purchase for a valid reason as defined  
31 by rule of the board within 30 days after receiving the

1 hearing aid, by returning the hearing aid or mailing written  
2 notice of cancellation to the seller. If the hearing aid must  
3 be repaired, remade, or adjusted during the 30-day trial  
4 period, the running of the 30-day trial period is suspended 1  
5 day for each 24-hour period that the hearing aid is not in the  
6 purchaser's possession. A repaired, remade, or adjusted  
7 hearing aid must be claimed by the purchaser within 3 working  
8 days after notification of availability. The running of the  
9 30-day trial period resumes on the day the purchaser reclaims  
10 the repaired, remade, or adjusted hearing aid or on the fourth  
11 day after notification of availability.

12 (2) The board, in consultation with the Board of  
13 Speech-Language Pathology and Audiology, shall prescribe by  
14 rule the terms and conditions to be contained in the  
15 money-back guarantee and any exceptions thereto. Such rule  
16 shall provide, at a minimum, that the charges for earmolds and  
17 service provided to fit the hearing aid may be retained by the  
18 licensee. The rules shall also set forth any reasonable  
19 charges to be held by the licensee as a cancellation fee. Such  
20 rule shall be effective on or before December 1, 1994. Should  
21 the board fail to adopt such rule, a licensee may not charge a  
22 cancellation fee which exceeds 5 percent of the total charge  
23 for a hearing aid alone. The terms and conditions of the  
24 guarantee, including the total amount available for refund,  
25 shall be provided in writing to the purchaser prior to the  
26 signing of the contract.

27 (3) Within 30 days after the return or attempted  
28 return of the hearing aid, the seller shall refund all moneys  
29 that must be refunded to a purchaser pursuant to this section.  
30 A violation of this subsection is a misdemeanor of the first  
31 degree, punishable as provided in s. 775.082 or s. 775.083.

1           (4) For purposes of this section, the term "seller" or  
2 "person selling a hearing aid" includes:

3           (a) Any natural person licensed under this part or any  
4 other natural person who signs a sales receipt required by s.  
5 484.051(2) or s. 468.1245(2) or who otherwise fits, delivers,  
6 or dispenses a hearing aid.

7           (b) Any business organization, whether a sole  
8 proprietorship, partnership, corporation, professional  
9 association, joint venture, business trust, or other legal  
10 entity, which dispenses a hearing aid or enters into an  
11 agreement to dispense a hearing aid.

12           (c) Any person who controls, manages, or operates an  
13 establishment or business that dispenses a hearing aid or  
14 enters into an agreement to dispense a hearing aid.

15           Section 23. Effective upon this act becoming a law,  
16 subsection (1) of section 456.073, Florida Statutes, is  
17 amended to read:

18           456.073 Disciplinary proceedings.--Disciplinary  
19 proceedings for each board shall be within the jurisdiction of  
20 the department.

21           (1) The department, for the boards under its  
22 jurisdiction, shall cause to be investigated any complaint  
23 that is filed before it if the complaint is in writing, signed  
24 by the complainant, and legally sufficient. A complaint filed  
25 by a state prisoner against a health care practitioner  
26 employed by or otherwise providing health care services within  
27 a facility of the Department of Corrections is not legally  
28 sufficient unless there is a showing that the prisoner  
29 complainant has exhausted all available administrative  
30 remedies within the state correctional system before filing  
31 the complaint. However, if the department determines after a

1 preliminary inquiry of a state prisoner's complaint, that the  
2 practitioner may present a serious threat to the health and  
3 safety of any individual who is not a state prisoner, the  
4 department may determine legal sufficiency and proceed with  
5 discipline. The Department of Health shall be notified within  
6 15 days whenever the Department of Corrections disciplines or  
7 allows a health care practitioner to resign for an offense  
8 related to the practice of his or her profession.A complaint  
9 is legally sufficient if it contains ultimate facts that show  
10 that a violation of this chapter, of any of the practice acts  
11 relating to the professions regulated by the department, or of  
12 any rule adopted by the department or a regulatory board in  
13 the department has occurred. In order to determine legal  
14 sufficiency, the department may require supporting information  
15 or documentation. The department may investigate, and the  
16 department or the appropriate board may take appropriate final  
17 action on, a complaint even though the original complainant  
18 withdraws it or otherwise indicates a desire not to cause the  
19 complaint to be investigated or prosecuted to completion. The  
20 department may investigate an anonymous complaint if the  
21 complaint is in writing and is legally sufficient, if the  
22 alleged violation of law or rules is substantial, and if the  
23 department has reason to believe, after preliminary inquiry,  
24 that the violations alleged in the complaint are true. The  
25 department may investigate a complaint made by a confidential  
26 informant if the complaint is legally sufficient, if the  
27 alleged violation of law or rule is substantial, and if the  
28 department has reason to believe, after preliminary inquiry,  
29 that the allegations of the complainant are true. The  
30 department may initiate an investigation if it has reasonable  
31 cause to believe that a licensee or a group of licensees has

1 violated a Florida statute, a rule of the department, or a  
2 rule of a board. Except as provided in ss. 458.331(9),  
3 459.015(9), 460.413(5), and 461.013(6), when an investigation  
4 of any subject is undertaken, the department shall promptly  
5 furnish to the subject or the subject's attorney a copy of the  
6 complaint or document that resulted in the initiation of the  
7 investigation. The subject may submit a written response to  
8 the information contained in such complaint or document within  
9 20 days after service to the subject of the complaint or  
10 document. The subject's written response shall be considered  
11 by the probable cause panel. The right to respond does not  
12 prohibit the issuance of a summary emergency order if  
13 necessary to protect the public. However, if the secretary, or  
14 the secretary's designee, and the chair of the respective  
15 board or the chair of its probable cause panel agree in  
16 writing that such notification would be detrimental to the  
17 investigation, the department may withhold notification. The  
18 department may conduct an investigation without notification  
19 to any subject if the act under investigation is a criminal  
20 offense.

21           Section 24. (1) The Division of Medical Quality  
22 Assurance of the Department of Health shall conduct a study of  
23 clinical and academic training requirements of certified  
24 optometric practitioners, licensed pursuant to chapter 463,  
25 Florida Statutes, to determine the extent to which prescribing  
26 authority may be expanded. The study group shall be composed  
27 of the following members:

28           (a) One pharmacologist representing the University of  
29 Florida;

30           (b) One pharmacologist representing Nova Southeastern  
31 University;

1           (c) One pharmacologist representing Florida  
2 Agricultural and Mechanical University;

3           (d) One ophthalmologist representing Mayo Clinic  
4 Jacksonville;

5           (e) One ophthalmologist representing Bascom Palmer Eye  
6 Institute;

7           (f) One board-certified internist appointed by the  
8 University of South Florida;

9           (g) One optometrist representing the Florida Board of  
10 Optometry;

11           (h) One certified optometric practitioner representing  
12 the Florida Optometric Association; and

13           (i) One certified optometric practitioner appointed by  
14 the Nova Southeastern University College of Optometry.

15           (2) The study group shall be chaired by the Secretary  
16 of Health or his or her designee. The study shall be completed  
17 and a final report presented to the Governor, the President of  
18 the Senate, and the Speaker of the House of Representatives by  
19 January 15, 2004. If applicable, a minority report shall be  
20 completed and presented to the Governor, the President of the  
21 Senate, and the Speaker of the House of Representatives by  
22 January 31, 2004.

23           (3) This section shall take effect upon becoming a  
24 law.

25           Section 25. Present subsection (4) of section  
26 465.0265, Florida Statutes, is redesignated as subsection (5),  
27 and a new subsection (4) is added to that section, to read:

28           465.0265 Centralized prescription filling.--

29           (4) Pharmacies accessing the same prescription records  
30 in a centralized database or pharmacy computers linked in any  
31 other manner may refill or dispense prescriptions at the

1 request of another pharmacy so linked if the pharmacies have  
2 the same owner or have a written contract specifying the  
3 services to be provided by each pharmacy, the responsibilities  
4 of each pharmacy, and the manner in which the pharmacies will  
5 comply with federal and state laws and rules. Prescriptions  
6 refilled or dispensed using such a system shall not be  
7 considered prescription transfers or copies if the computer  
8 system registers a complete and full audit trail of all  
9 activities and includes the identification of the pharmacies  
10 and pharmacists accessing the centralized database and if the  
11 system restricts access to the computerized prescription  
12 records to pharmacies or other authorized personnel.

13 Section 26. Subsection (2) of section 466.006, Florida  
14 Statutes, is amended to read:

15 466.006 Examination of dentists.--

16 (2) An applicant shall be entitled to take the  
17 examinations required in this section to practice dentistry in  
18 this state if the applicant:

19 (a) Is 18 years of age or older.

20 (b)1. Is a graduate of a dental school accredited by  
21 the Commission on Accreditation of the American Dental  
22 Association or its successor agency, if any, or any other  
23 nationally recognized accrediting agency; ~~or-~~

24 2. Is a dental student in the final year of a program  
25 at such an accredited school who has completed all the  
26 coursework necessary to prepare the student to perform the  
27 clinical and diagnostic procedures required to pass the  
28 examinations. With respect to a dental student in the final  
29 year of a program at a dental school, a passing score on the  
30 examinations is valid for 180 days after the date the  
31 examinations were completed. A dental school student who takes

1 the licensure examinations during the student's final year of  
2 an approved dental school must have graduated before being  
3 certified for licensure pursuant to s. 466.011.

4 (c) Has successfully completed the National Board of  
5 Dental Examiners dental examination within 10 years of the  
6 date of application.

7 Section 27. Section 466.0065, Florida Statutes, is  
8 created to read:

9 466.0065 Regional licensure examinations.--

10 (1) It is the intent of the Legislature that schools  
11 of dentistry be allowed to offer regional licensure  
12 examinations to dental students who are in the final year of a  
13 program at an approved dental school for the sole purpose of  
14 facilitating the student's licensing in other jurisdictions.  
15 This section does not allow a person to be licensed as a  
16 dentist in this state without taking the examinations as set  
17 forth in s. 466.006, nor does this section mean that regional  
18 examinations administered under this section may be  
19 substituted for complying with testing requirements under s.  
20 466.006.

21 (2) Each school of dentistry in this state which is  
22 accredited by the Commission on Accreditation of the American  
23 Dental Association or its successor agency may, upon written  
24 approval by the Board of Dentistry, offer regional licensure  
25 examinations only to dental students in the final year of a  
26 program at an approved dental school, if the board has  
27 approved the hosting school's written plan to comply with the  
28 following conditions:

29 (a) The examining body must be a member of the  
30 American Association of Dental Examiners.

31



1           (b) The student must have successfully completed parts  
2 I and II of the National Board of Dental Examiners examination  
3 within 2 years before taking the regional examination.

4           (c) The student must possess medical malpractice  
5 insurance in amounts that the board determines to be  
6 sufficient to cover any reasonably foreseeable incident of harm  
7 to a patient during the clinical portion of the regional  
8 examination.

9           (d) At least one of the examination monitors must be a  
10 dentist licensed in this state who has completed all necessary  
11 standardization exercises required by the regional examination  
12 body.

13           (e) Adequate arrangements must be made, when  
14 necessary, for patients who require followup care as a result  
15 of procedures performed during the clinical portion of the  
16 regional examination.

17           (f) The board chair or the chair's designee must be  
18 allowed to observe testing while it is in progress.

19           (g) Each student, upon applying to take the regional  
20 examination, must receive written disclosure in at least  
21 12-point boldface type which states: "This examination does  
22 not meet the licensure requirements of chapter 466, Florida  
23 Statutes, for licensure in the State of Florida. Persons  
24 wishing to practice dentistry in Florida must pass the Florida  
25 licensure examinations. For more information on Florida's  
26 licensure examination procedures, please contact the Florida  
27 Board of Dentistry."

28           (h) The student must be enrolled as a dental student  
29 in the student's final year of a program at an approved dental  
30 school that is accredited by the Commission on Accreditation  
31 of the American Dental Association or its successor agency.

1           (i) The student must have completed all the coursework  
2 necessary to prepare the student to perform all clinical and  
3 diagnostic procedures required to pass the regional  
4 examination.

5           (j) The student's academic record must not include any  
6 evidence suggesting that the student poses an unreasonable  
7 risk to any live patients who are required for the clinical  
8 portion of the regional examination. In order to protect the  
9 health and safety of the public, the board may request  
10 additional information and documents pertaining to the  
11 candidate's mental and physical health in order to fully  
12 assess the candidate's fitness to engage in exercises  
13 involving a live patient.

14           (3) A student who takes the examination pursuant to  
15 this section, a dental school that submits a plan pursuant to  
16 this section, or a regional examination body that a dental  
17 school proposes to host under this section does not have  
18 standing to assert that a state agency has taken action for  
19 which a hearing may be sought under ss. 120.569 and 120.57.

20           Section 28. This act may be cited as the "Nick Oelrich  
21 Gift of Life Act."

22           Section 29. Subsections (1), (2), and (6) of section  
23 765.512, Florida Statutes, are amended to read:

24           765.512 Persons who may make an anatomical gift.--

25           (1) Any person who may make a will may give all or  
26 part of his or her body for any purpose specified in s.  
27 765.510, the gift to take effect upon death. An anatomical  
28 gift made by an adult donor and not revoked by the donor as  
29 provided in s. 765.516 is irrevocable ~~and does not require the~~  
30 ~~consent or concurrence of any person~~ after the donor's death.  
31 A family member, guardian, representative ad litem, or health

1 care surrogate of an adult donor who has made an anatomical  
2 gift pursuant to subsection (2) may not modify, deny or  
3 prevent a donor's wish or intent to make an anatomical gift  
4 from being made after the donor's death.

5 (2) If the decedent has executed an agreement  
6 concerning an anatomical gift, by ~~including~~ signing an organ  
7 and tissue donor card, by expressing his or her wish to donate  
8 in a living will or advance directive, or by signifying his or  
9 her intent to donate on his or her driver's license or in some  
10 other written form has indicated his or her wish to make an  
11 anatomical gift, and in the absence of actual notice of  
12 contrary indications by the decedent, the document is evidence  
13 of legally sufficient informed consent to donate an anatomical  
14 gift and is legally binding. Any surrogate designated by the  
15 decedent pursuant to part II of this chapter may give all or  
16 any part of the decedent's body for any purpose specified in  
17 s. 765.510.

18 (6) A gift of all or part of a body authorizes:

19 (a) Any examination necessary to assure medical  
20 acceptability of the gift for the purposes intended.

21 (b) The decedent's medical provider, family, or a  
22 third party to furnish medical records requested concerning  
23 the decedent's medical and social history.

24 Section 30. Section 765.516, Florida Statutes, is  
25 amended to read:

26 765.516 Amendment of the terms of or the revocation of  
27 the gift.--

28 (1) A donor may amend the terms of or revoke an  
29 anatomical gift by:

30 (a) The execution and delivery to the donee of a  
31 signed statement.

1 (b) An oral statement that is<sup>+</sup>  
2 ~~1. Made to the donor's spouse; or~~  
3 ~~2. made in the presence of two persons, one of whom~~  
4 ~~must not be a family member,~~ and communicated to the donor's  
5 family or attorney or to the donee.

6 (c) A statement during a terminal illness or injury  
7 addressed to an attending physician, who must communicate the  
8 revocation of the gift to the procurement organization that is  
9 certified by the state.

10 (d) A signed document found on or about the donor's  
11 person ~~or in the donor's effects.~~

12 (2) Any gift made by a will may also be amended or  
13 revoked in the manner provided for amendment or revocation of  
14 wills or as provided in subsection (1).

15 Section 31. Subsection (1) of section 765.401, Florida  
16 Statutes, is amended to read:

17 765.401 The proxy.--

18 (1) If an incapacitated or developmentally disabled  
19 patient has not executed an advance directive, or designated a  
20 surrogate to execute an advance directive, or the designated  
21 or alternate surrogate is no longer available to make health  
22 care decisions, health care decisions may be made for the  
23 patient by any of the following individuals, in the following  
24 order of priority, if no individual in a prior class is  
25 reasonably available, willing, or competent to act:

26 (a) The judicially appointed guardian of the patient  
27 or the guardian advocate of the person having a developmental  
28 disability as defined in s. 393.063, who has been authorized  
29 to consent to medical treatment, if such guardian has  
30 previously been appointed; however, this paragraph shall not  
31

1 be construed to require such appointment before a treatment  
2 decision can be made under this subsection;

3 (b) The patient's spouse;

4 (c) An adult child of the patient, or if the patient  
5 has more than one adult child, a majority of the adult  
6 children who are reasonably available for consultation;

7 (d) A parent of the patient;

8 (e) The adult sibling of the patient or, if the  
9 patient has more than one sibling, a majority of the adult  
10 siblings who are reasonably available for consultation;

11 (f) An adult relative of the patient who has exhibited  
12 special care and concern for the patient and who has  
13 maintained regular contact with the patient and who is  
14 familiar with the patient's activities, health, and religious  
15 or moral beliefs; ~~or~~

16 (g) A close friend of the patient; ~~or-~~

17 (h) A clinical social worker licensed pursuant to  
18 chapter 491, or a graduate of a court-approved guardianship  
19 program. Such a proxy must be selected by the provider's  
20 bioethics committee and must not be employed by the provider.  
21 If the provider does not have a bioethics committee, then such  
22 a proxy may be chosen through an arrangement with the  
23 bioethics committee of another provider. The proxy must be  
24 notified that upon request the provider shall make available a  
25 second physician, not involved in the patient's care, to  
26 assist the proxy in evaluating treatment. Decisions to  
27 withhold or withdraw life-prolonging procedures must be  
28 reviewed by the facility's bioethics committee. Documentation  
29 of efforts to locate proxies from prior classes must be  
30 recorded in the patient record.

31

1           Section 32. Subsection (22) is added to section  
2 641.19, Florida Statutes, to read:

3           641.19 Definitions.--As used in this part, the term:  
4           (22) "Specialty" does not include services performed  
5 by a chiropractic physician licensed under chapter 460.

6           Section 33. Section 1004.43, Florida Statutes, is  
7 amended to read:

8           1004.43 H. Lee Moffitt Cancer Center and Research  
9 Institute.--There is established the H. Lee Moffitt Cancer  
10 Center and Research Institute at the University of South  
11 Florida.

12           (1) The State Board of Education shall enter into an  
13 agreement for the utilization of the facilities on the campus  
14 of the University of South Florida to be known as the H. Lee  
15 Moffitt Cancer Center and Research Institute, including all  
16 furnishings, equipment, and other chattels used in the  
17 operation of said facilities, with a Florida not-for-profit  
18 corporation organized solely for the purpose of governing and  
19 operating the H. Lee Moffitt Cancer Center and Research  
20 Institute. This not-for-profit corporation, acting as an  
21 instrumentality of the State of Florida, shall govern and  
22 operate the H. Lee Moffitt Cancer Center and Research  
23 Institute in accordance with the terms of the agreement  
24 between the State Board of Education and the not-for-profit  
25 corporation. The not-for-profit corporation may, with the  
26 prior approval of the State Board of Education, create  
27 ~~not-for-profit~~ corporate subsidiaries to fulfill its mission.  
28 For-profit subsidiaries of the not-for-profit corporation  
29 shall not compete with for-profit health care providers in the  
30 delivery of radiation therapy services to patients.The  
31 not-for-profit corporation and its subsidiaries are authorized

1 to receive, hold, invest, and administer property and any  
2 moneys received from private, local, state, and federal  
3 sources, as well as technical and professional income  
4 generated or derived from practice activities of the  
5 institute, for the benefit of the institute and the  
6 fulfillment of its mission. The affairs of the corporation  
7 shall be managed by a board of directors who shall serve  
8 without compensation. The President of the University of South  
9 Florida and the chair of the State Board of Education, or his  
10 or her designee, shall be directors of the not-for-profit  
11 corporation, together with 5 representatives of the state  
12 universities and no more than 14 nor fewer than 10 directors  
13 who are not medical doctors or state employees. Each director  
14 shall have only one vote, shall serve a term of 3 years, and  
15 may be reelected to the board. Other than the President of the  
16 University of South Florida and the chair of the State Board  
17 of Education, directors shall be elected by a majority vote of  
18 the board. The chair of the board of directors shall be  
19 selected by majority vote of the directors.

20 (2) The State Board of Education shall provide in the  
21 agreement with the not-for-profit corporation for the  
22 following:

23 (a) Approval of the articles of incorporation of the  
24 not-for-profit corporation by the State Board of Education.

25 (b) Approval of the articles of incorporation of any  
26 not-for-profit corporate subsidiary created by the  
27 not-for-profit corporation.

28 (c) Utilization of lands, hospital facilities, and  
29 personnel by the not-for-profit corporation and its  
30 subsidiaries for research, education, treatment, prevention,  
31 and the early detection of cancer and for mutually approved

1 teaching and research programs conducted by the University of  
2 South Florida or other accredited medical schools or research  
3 institutes.

4 (d) Preparation of an annual financial audit of the  
5 not-for-profit corporation's accounts and records and the  
6 accounts and records of any subsidiaries to be conducted by an  
7 independent certified public accountant. The annual audit  
8 report shall include a management letter, as defined in s.  
9 11.45, and shall be submitted to the Auditor General and the  
10 State Board of Education. The State Board of Education, the  
11 Auditor General, and the Office of Program Policy Analysis and  
12 Government Accountability shall have the authority to require  
13 and receive from the not-for-profit corporation and any  
14 subsidiaries or from their independent auditor any detail or  
15 supplemental data relative to the operation of the  
16 not-for-profit corporation or subsidiary.

17 (e) Provision by the not-for-profit corporation and  
18 its subsidiaries of equal employment opportunities to all  
19 persons regardless of race, color, religion, sex, age, or  
20 national origin.

21 (3) The State Board of Education is authorized to  
22 secure comprehensive general liability protection, including  
23 professional liability protection, for the not-for-profit  
24 corporation and its subsidiaries pursuant to s. 1004.24. The  
25 not-for-profit corporation and its subsidiaries shall be  
26 exempt from any participation in any property insurance trust  
27 fund established by law, including any property insurance  
28 trust fund established pursuant to chapter 284, so long as the  
29 not-for-profit corporation and its subsidiaries maintain  
30 property insurance protection with comparable or greater  
31 coverage limits.



1           (4) In the event that the agreement between the  
2 not-for-profit corporation and the State Board of Education is  
3 terminated for any reason, the State Board of Education shall  
4 resume governance and operation of said facilities.

5           (5) The institute shall be administered by a chief  
6 executive officer who shall serve at the pleasure of the board  
7 of directors of the not-for-profit corporation and who shall  
8 have the following powers and duties subject to the approval  
9 of the board of directors:

10           (a) The chief executive officer shall establish  
11 programs which fulfill the mission of the institute in  
12 research, education, treatment, prevention, and the early  
13 detection of cancer; however, the chief executive officer  
14 shall not establish academic programs for which academic  
15 credit is awarded and which terminate in the conferment of a  
16 degree without prior approval of the State Board of Education.

17           (b) The chief executive officer shall have control  
18 over the budget and the dollars appropriated or donated to the  
19 institute from private, local, state, and federal sources, as  
20 well as technical and professional income generated or derived  
21 from practice activities of the institute. However,  
22 professional income generated by university faculty from  
23 practice activities at the institute shall be shared between  
24 the institute and the university as determined by the chief  
25 executive officer and the appropriate university dean or vice  
26 president.

27           (c) The chief executive officer shall appoint members  
28 to carry out the research, patient care, and educational  
29 activities of the institute and determine compensation,  
30 benefits, and terms of service. Members of the institute shall  
31 be eligible to hold concurrent appointments at affiliated

1 academic institutions. University faculty shall be eligible to  
2 hold concurrent appointments at the institute.

3 (d) The chief executive officer shall have control  
4 over the use and assignment of space and equipment within the  
5 facilities.

6 (e) The chief executive officer shall have the power  
7 to create the administrative structure necessary to carry out  
8 the mission of the institute.

9 (f) The chief executive officer shall have a reporting  
10 relationship to the Commissioner of Education.

11 (g) The chief executive officer shall provide a copy  
12 of the institute's annual report to the Governor and Cabinet,  
13 the President of the Senate, the Speaker of the House of  
14 Representatives, and the chair of the State Board of  
15 Education.

16 (6) The board of directors of the not-for-profit  
17 corporation shall create a council of scientific advisers to  
18 the chief executive officer comprised of leading researchers,  
19 physicians, and scientists. This council shall review programs  
20 and recommend research priorities and initiatives so as to  
21 maximize the state's investment in the institute. The council  
22 shall be appointed by the board of directors of the  
23 not-for-profit corporation ~~and shall include five appointees~~  
24 ~~of the State Board of Education~~. Each member of the council  
25 shall be appointed to serve a 2-year term and may be  
26 reappointed to the council.

27 (7) In carrying out the provisions of this section,  
28 the not-for-profit corporation and its subsidiaries are not  
29 "agencies" within the meaning of s. 20.03(11).

30  
31

1           (8)(a) Records of the not-for-profit corporation and  
2 of its subsidiaries are public records unless made  
3 confidential or exempt by law.

4           (b) Proprietary confidential business information is  
5 confidential and exempt from the provisions of s. 119.07(1)  
6 and s. 24(a), Art. I of the State Constitution. However, the  
7 Auditor General, the Office of Program Policy Analysis and  
8 Government Accountability, and the State Board of Education,  
9 pursuant to their oversight and auditing functions, must be  
10 given access to all proprietary confidential business  
11 information upon request and without subpoena and must  
12 maintain the confidentiality of information so received. As  
13 used in this paragraph, the term "proprietary confidential  
14 business information" means information, regardless of its  
15 form or characteristics, which is owned or controlled by the  
16 not-for-profit corporation or its subsidiaries; is intended to  
17 be and is treated by the not-for-profit corporation or its  
18 subsidiaries as private and the disclosure of which would harm  
19 the business operations of the not-for-profit corporation or  
20 its subsidiaries; has not been intentionally disclosed by the  
21 corporation or its subsidiaries unless pursuant to law, an  
22 order of a court or administrative body, a legislative  
23 proceeding pursuant to s. 5, Art. III of the State  
24 Constitution, or a private agreement that provides that the  
25 information may be released to the public; and which is  
26 information concerning:

27           1. Internal auditing controls and reports of internal  
28 auditors;

29           2. Matters reasonably encompassed in privileged  
30 attorney-client communications;

31

1           3. Contracts for managed-care arrangements, including  
2 preferred provider organization contracts, health maintenance  
3 organization contracts, and exclusive provider organization  
4 contracts, and any documents directly relating to the  
5 negotiation, performance, and implementation of any such  
6 contracts for managed-care arrangements;

7           4. Bids or other contractual data, banking records,  
8 and credit agreements the disclosure of which would impair the  
9 efforts of the not-for-profit corporation or its subsidiaries  
10 to contract for goods or services on favorable terms;

11           5. Information relating to private contractual data,  
12 the disclosure of which would impair the competitive interest  
13 of the provider of the information;

14           6. Corporate officer and employee personnel  
15 information;

16           7. Information relating to the proceedings and records  
17 of credentialing panels and committees and of the governing  
18 board of the not-for-profit corporation or its subsidiaries  
19 relating to credentialing;

20           8. Minutes of meetings of the governing board of the  
21 not-for-profit corporation and its subsidiaries, except  
22 minutes of meetings open to the public pursuant to subsection  
23 (9);

24           9. Information that reveals plans for marketing  
25 services that the corporation or its subsidiaries reasonably  
26 expect to be provided by competitors;

27           10. Trade secrets as defined in s. 688.002, including  
28 reimbursement methodologies or rates; or

29           11. The identity of donors or prospective donors of  
30 property who wish to remain anonymous or any information  
31 identifying such donors or prospective donors. The anonymity

1 of these donors or prospective donors must be maintained in  
2 the auditor's report.

3  
4 As used in this paragraph, the term "managed care" means  
5 systems or techniques generally used by third-party payors or  
6 their agents to affect access to and control payment for  
7 health care services. Managed-care techniques most often  
8 include one or more of the following: prior, concurrent, and  
9 retrospective review of the medical necessity and  
10 appropriateness of services or site of services; contracts  
11 with selected health care providers; financial incentives or  
12 disincentives related to the use of specific providers,  
13 services, or service sites; controlled access to and  
14 coordination of services by a case manager; and payor efforts  
15 to identify treatment alternatives and modify benefit  
16 restrictions for high-cost patient care.

17 (9) Meetings of the governing board of the  
18 not-for-profit corporation and meetings of the subsidiaries of  
19 the not-for-profit corporation at which the expenditure of  
20 dollars appropriated to the not-for-profit corporation by the  
21 state are discussed or reported must remain open to the public  
22 in accordance with s. 286.011 and s. 24(b), Art. I of the  
23 State Constitution, unless made confidential or exempt by law.  
24 Other meetings of the governing board of the not-for-profit  
25 corporation and of the subsidiaries of the not-for-profit  
26 corporation are exempt from s. 286.011 and s. 24(b), Art. I of  
27 the State Constitution.

28 (10) In addition to the continuing appropriation to  
29 the institute provided in s. 210.20(2), any appropriation to  
30 the institute provided in a general appropriations act shall  
31 be paid directly to the board of directors of the

1 not-for-profit corporation by warrant drawn by the Chief  
2 Financial Officer from the State Treasury.  
3           Section 34. This act shall take effect upon becoming a  
4 law.  
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